

CHECKLIST - ELIGIBILITY SIMPLIFICATION PROJECT (ESP)**ANNUAL REVIEW FOR CASH AID AND/OR FOOD STAMPS**

CASE NAME:	CASE NUMBER:
WORKER NAME:	WORKER NUMBER:
CARETAKER PAYEE (IF DIFFERENT):	

HOUSEHOLD/ASSISTANCE UNIT COMPOSITION

AU SIZE	FS HH SIZE	CATEGORICALLY ELIGIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO	FS GROSS INCOME ELIGIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO	ELIGIBLE FOR SEPARATE HH STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO
REFERRAL FOR EMPLOYMENT PROGRAMS:	GAIN <input type="checkbox"/> YES <input type="checkbox"/> NO	CAL-LEARN <input type="checkbox"/> YES <input type="checkbox"/> NO	FSET <input type="checkbox"/> YES <input type="checkbox"/> NO	ABAWDs <input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER REFERRAL (SPECIFY):				

REVIEW OF MONTHLY REPORTS (CA 7 / SAWS / ISAWS 7S)☐ All reported changes have been addressed.

(✓) IF VERIFS ARE IN CASE FILE	AFDC	FOOD STAMPS	COMMENTS
SSNs			
Citizenship/Immigration Status			
Birth Certificates/Age			
Relationship			
Sponsored Alien			
Income			
School Enrollment			
Student Income Exempt			
Shelter Costs			
Housing			
Utilities			
MAP Exemption			
Deprivation			
Pregnancy			
Minor Parent Exemption			
Property (List current holdings/any changes, since last review)	Total Countable Property AFDC \$	FS \$	AFDC Restricted Account <input type="checkbox"/> YES <input type="checkbox"/> NO

(✓) PROGRAM CHANGE(S) SINCE LAST REVIEW

AFDC	FS	SPECIFY PROGRAM CHANGE	(✓) IF IMPLEMENTED	COMMENTS

INFORMING MATERIALS FOR ESP	DATE(S) MAILED	INFORMING MATERIALS FOR ESP	DATE(S) MAILED
TEMP CA 600 Coverletter		FS 8	
TEMP CA 602A, including the Lump Sum Notice		FS 9	
TEMP 602B		TEMP DFA 377.2A ESP (NEC)	
CHDP Informing Brochure		TEMP DFA 377.2B ESP Shelter Information	
CA 1030		PUB 275	
PUB 62 (Optional)		OTHER (Specify)	
<input type="checkbox"/> Follow up action needed: (Explain)			

AFDC CONTINUED ELIGIBILITY ESTABLISHED <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, REASON:	WORKER SIGNATURE/NUMBER	DATE
FOOD STAMP RECERTIFICATION ESTABLISHED <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, REASON:	SUPERVISOR'S SIGNATURE (Optional)	DATE